



**NOTICE OF CHANGE TO EXISTING CERTIFICATE(S) OF FRANCHISE
AUTHORITY TO PROVIDE VIDEO SERVICE IN THE STATE OF INDIANA**
State Form 52713 (7-06)
INDIANA UTILITY REGULATORY COMMISSION

Affected Certificates:

Certificate No. _____ **- VSP -** _____ **-** _____
(extension) (letter of change)

Certificate No. _____ **- VSP -** _____ **-** _____
(extension) (letter of change)

1. Name of the Holder of the Certificate: _____
2. Please indicate the type of change(s) requested in this filing:
 - ___ Change in Ownership/Control (#3)
 - ___ Change in Legal Name or adoption or change to assumed business name (#4)
 - ___ Change in Principal Business Address or Person Authorized to Receive Notice (#5)
 - ___ Transfer of the Certificate of Franchise Authority (#6)
 - ___ Termination of Certificate of Franchise Authority (#7)
 - ___ Increase / Decrease in the Territory of the Designated Service Area (DSA) (#8)

Complete the sections below that correspond to the type of changes marked above.

3. Change in Ownership or Control: *(including mergers, acquisitions, or reorganization)*

a) Description of Transaction: _____

b) Parties Involved: _____

4. Change in Legal Name or assumed business name, etc: *(Approval from the Secretary of State must be attached.)*

a) Existing name: _____

b) New name: _____

5. Change in Principal Business Address or Name of Person Authorized to Receive Notice:

a) Principal/business office address *(street address, city, state and ZIP)* :

Applicant Name

Certificate No.

- b) Main business telephone number: _____
- c) Toll-free customer service telephone number: _____
- d) E-mail address: _____
- e) Fax number: _____
- f) Mailing address, if different from principal/business address (*street address, city, state and ZIP code*): _____
- g) Name and title of person authorized to receive notice: _____

6. Transfer of the Certificate of Franchise Authority:

a) Present Certificate Holder: _____

b) New Certificate Holder: _____

Explain the transaction that defines the transferee as a successor in interest:

7. Termination of existing Certificate for (*also complete #8 below*): _____

a) Identify any other Certificates that will be retained by the holder: _____

b) Identify the number of customers covered by the Certificate being terminated: _____

c) What method was used to notify customers of termination of service as required in I.C. 8-1-34-20(c)(2)? (*Attach a copy of the customer notice*) _____

8. Increase / Decrease in the Territory of the DSA. (*Include a map indicating the existing certificated DSA as well as any proposed changes to the territory of the existing DSA*)

a) Reason for the change: _____

b) Description of change: _____

c) List the new unit(s) and unincorporated area(s) to be served under this change in DSA: _____

Applicant Name

Certificate No.

Verification

I affirm under penalties of perjury that the foregoing representations are true.

Officer's Name & Title:

(Please Print)

Signature: _____ *Date:* _____

Phone Number: _____

IURC Receipt Date: